SURVEY OF RESEARCH LITERATURE REGARDING THE BENEFITS OF SPIRITUAL CARE IN HEALTH CARE

by Arthur Menu, 14 October 2009

Spirituality is a way of finding meaning and purpose in life. As such it has a value above and beyond any other benefits it may produce, including improving or maintaining physical or mental health. One sees this most clearly in the case of those who are dying. Their spirituality, while enabling them to find meaning and purpose through this difficult time, may not in any way improve their physical or mental health, or prolong their life. In fact their spirituality may help them best by enabling them to "let go" and die sooner but in a more peaceful way.

In a situation of financial constraint, when it is not possible to provide enough spiritual care to meet all the spiritual needs of patients and residents, it is necessary to develop criteria to decide which forms of spiritual care will get the available resources. In the case of a health care organization such as the Vancouver Island Health Authority, it would be reasonable to allocate resources to those forms of spiritual care which do benefit the physical or mental health of patients and residents.

I survey research that has been done on the health benefits of spirituality. If spiritual practices (including spiritual beliefs and attitudes) or forms of spiritual assistance can be identified that produce positive outcomes for physical or mental health, then it would make sense for VIHA's spiritual health program to focus on enabling patients and residents to engage in those practices and receive those forms of spiritual assistance.

It is important to clarify the relationship of religion to spirituality. The social nature of human beings leads us to want to do activities in groups when that will increase our enjoyment of the activity or support us in doing the activity. Even to maintain a set of beliefs about the meaning and purpose of life is more easily accomplished as part of a group of people holding the same beliefs. Engaging in certain spiritual practices together with others enhances the positive effects of those practices.

When people associate for the purpose of practicing a common spirituality, the result is religion. Religious spirituality is by far the most common manifestation of spirituality in the world. That in itself gives research on religious spirituality priority over research on non-religious spirituality. In addition spirituality in its religious manifestation lends itself more easily to research than private spirituality. To function effectively religions must have codified belief systems and clearly defined spiritual activities. When research subjects practice a religion it is relatively easy to know what spiritual beliefs they hold and when they are engaged in a spiritual activity. In contrast private spirituality can be, and often is, ill-defined and pervasive in such a way as to make it difficult to identify the uniquely spiritual element of beliefs or activities.

What is important to note is that what we learn about the health benefits of a religious spiritual activity can be applied to a similar non-religious spiritual activity in so far as the health benefit comes from elements of the activity that are not connected to membership in a religious group.

This explains why most of the research noted in the references deals with spirituality in its religious manifestation.

In analyzing the research I have identified some main types of spiritual practices (including spiritual beliefs and attitudes) or forms of spiritual assistance, and the health benefits attributable to each. They are not exclusive in that a more general type of activity may include a more specific type (e.g., "religiosity" may include "public worship attendance" and "prayer and other spiritual practices").

I define each type, summarize the health benefits that research shows are associated with that type, and cite the relevant research as it is numbered in the list of references.

Spiritual Distress

Spiritual distress is here defined as unresolved religious or spiritual conflicts and doubts.

Several studies point to the importance of spiritual distress. This distress is associated with decreased health, recovery, and adjustment to illness.
(2, 13, 14, 15)

Spiritual Well-being

Spiritual Well-being is here defined as ability to experience and integrate meaning and purpose in life through a person's connectedness with self, others art, music, literature, nature, or a power greater than oneself.

- Studies show that spiritual well-being contributes to quality of life, and helps persons moderate the painful feelings of isolation, hopelessness and anxiety that accompany illness.
- Among terminally ill cancer patients with low spiritual well-being, depression was positively and significantly correlated with desire for hastened death, but not in patients with high spiritual well-being. In fact, low spiritual well-being is a stronger predictor of hopelessness, desire for hastened death, and suicidal ideation than depressive symptoms, number of physical symptoms, or physical functioning.

(4, 10, 11, 23, 34, 54, 152, 209, 210)

Public Worship Attendance/Religious Community Involvement

Public Worship Attendance/Religious Community Involvement is here defined as participation in worship and other activities integral to the life of a faith community. Benefits include:

- Less depression.
- Lower mortality (among women, less so for men, the effect of weekly religious attendance on mortality is of the same magnitude as for smoking, physical activity, alcohol use, and non-religious social activity).
- Less pain.
- Better cognitive function.
- Less smoking.
- More physical activity.

- Lower allostatic load (blood pressure, body size, cholesterol, blood glucose control, cortisol, epinephrine, norepinephrine, and other stress hormones, values of which were used to create a 10-item index).
- Less hypertension.
- Healthier behaviours/lifestyles.
- Better outpatient mental health care use.
- Higher quality of life.
- Lower fear of falling and better physical functioning among the elderly.
- Lower risk of colon cancer.
- Lower C-reactive protein level among diabetics (C-reactive protein is known as a predictor of coronary heart disease).
- Better overall physical and mental health.
- Among psychiatric inpatients frequency of attendance at religious services was inversely related to depressive symptoms, length of hospital stay on the psychiatric unit, rates of current and lifetime alcohol abuse, and positively related to life satisfaction.
- Among African-Americans the strong effect of nonattendance on mortality risk is robust, pervasive, and remarkably strong across all subgroups of the population.

(27, 32, 50, 51, 55, 58, 79, 81, 83, 91, 93, 98, 99, 100, 108, 112, 113, 114, 118, 123, 126, 131, 143, 144, 146, 158, 168, 175, 183, 184, 185, 187, 191, 195, 202, 204, 219, 224, 226, 238, 240, 241, 246, 247, 254, 256, 259, 260, 265, 267, 269)

Receiving Spiritual Ministry

Receiving Spiritual Ministry is here defined as speaking with a health care provider about one's spiritual beliefs or condition.

- Patients who seek a relationship with a benevolent God and receive spiritual care are less depressed and rate their quality of life higher than those who do not receive spiritual care.
- When physicians asked cancer patients about their religious or spiritual beliefs, the patients experienced a reduction in depressive symptoms compared to patients who were not asked.
- Among patients with rheumatoid arthritis researchers found that patients receiving hands-on direct contact prayer showed significantly greater improvement during follow-up.
- Patients have indicated that one of the most important chaplaincy functions is helping their family members with feelings associated with illness and hospitalization.
- One study is of particular significance. Hospitalized patients with chronic obstructive pulmonary disease were alternately assigned to either a chaplain-visited intervention group or a non-chaplain visited control group. The chaplain intervention consisted of 4.2 visits (on average), which lasted approximately 20 minutes in duration. Intervention included prayer (100%), and two-thirds involved venting over painful emotions. All visits were made by a single chaplain. After controlling for baseline anxiety, chaplain visited patients had significantly less anxiety on discharge compared to controls. Length of stay was also shorter for visited patients (5.7 days vs. 9.0 days), such that visited patients stayed 3.3 fewer days on average (37% reduction in average length of stay). Patients who did not agree to participate in the study had even longer lengths of stay than control patients (12.6 days). Finally, satisfaction with quality of care was significantly higher in the chaplain-visited group, and they also tended to recommend the hospital to others compared to control patients.

(7, 8, 20, 27, 85, 186, 262, 268, 273)

Religiosity

Religiosity is here defined as a comprehensive term used to refer to the numerous aspects of religious activity, dedication, and belief (religious doctrine).

- Religiousness and spirituality predicted greater social support, fewer depressive symptoms, better cognitive function, and greater cooperativeness. Relationships with physical health were weaker, although similar in direction.
- After controlling for other predictors of survival (including clinical features) using survival analyses, researchers reported that patients without religious belief were more than twice as likely to die during the follow-up period compared to those with religious belief.
- HIV patients who reported an increase in religiousness/spirituality after diagnosis had significantly less decrease in their CD4 cell counts and significantly better control of viral load during the 4-year follow-up period.
- Many HIV-infected patients emphasize the importance of religiousness and spirituality in their lives and their impact on making treatment decisions.
- Long-term survivors with AIDS were compared to a control group of 200 HIV-positive patients. Results indicated that long-term survival was significantly related to spirituality/religiousness, in addition to frequency of prayer/medication/service attendance in the past month. Spirituality/religiousness was also strongly and significantly related to less psychological distress, more hope, greater social support, better health behaviours, altruistic behaviours, and to lower urinary cortisol levels.
- High importance of religion reduced panic disorder symptoms by decreasing the level of perceived stress.
- In a study with Muslims relationships between religiosity and happiness, physical health, and mental health were all positive and significant.
- Schizophrenic patients indicated that religion increased their social integration in 28% of cases (led to social isolation in 3%), reduced the risk of suicide attempts in 33% (increased risk in 10%), reduce substance abuse in 14% (increased in 3%), and increased adherence to psychiatric treatment in 16% (decreased it in 15%).
- Women who were highly religious in 1940 had higher mean self-rated health throughout their lifespan and slower rates of decline in self-rated health over time compared to women who were less religious.
- Greater religiousness predicted fewer post-surgical complications and shorter hospital stays.
- Among American war veterans the use of mental health services was driven more by their weakened religious faith than by clinical symptoms or social factors.
- Importance of religious faith was related to lower rates of asthma and arthritis.
- In a study of women with breast cancer, women with no religious denomination had over four times the mortality of those with any religious affiliation.
- Religious commitment was inversely related to systolic and diastolic blood pressures.
- Social religiosity and thankfulness correlated with fewer “internalizing” disorders (depression, phobias, generalized anxiety disorder, panic, eating disorders), whereas general religiosity, involved God, forgiveness and God as judge were correlated with fewer “externalizing” disorders (substance abuse and adult antisocial behavior).
- Among adolescents religiosity reduced the impact of negative life stressors on initial substance use and rate of growth in substance use over time.

- Reasons that patients gave to explain their ability to stay clean from cocaine use were motivations to change, positive influences of family, help from drug treatment, and strength from religion and spirituality.
- Compared to those without religious faith, religious patients depended less on health professionals, had less need for information, placed less importance on maintaining independence, and indicated less need for help to deal with feelings of guilt, their sexuality or practical matters. Overall, religious patients had fewer unmet needs.
- In a study of bereaved people the basic finding was that by 14 months after the death, those without spiritual belief had not resolved their grief; in contrast, those with strong spiritual beliefs resolved grief progressively over 14 months.
- Among veterans in a substance abuse treatment program, religiosity, measured using a 5-item scale, was positively related to time spent in community before readmission to hospital, i.e., reduced the relative hazard of readmission by 34%.
- Among women with metastatic breast cancer spiritual expression was positively related to WBC count, total lymphocyte count, total T cells, Helper T cells, cytotoxic T cells, and there was a trend for natural killer cells.
- Religious beliefs predicted less depression and hopelessness.
  (21, 25, 39, 54, 58, 60, 95, 96, 97, 104, 107, 109, 110, 111, 117, 119, 122, 123, 125, 128, 129, 132, 138, 147, 150, 153, 156, 160, 161, 166, 173, 176, 177, 182, 194, 197, 204, 208, 214, 215, 217, 218, 221, 226, 227, 230, 234, 235, 244, 246, 250, 254, 255, 258, 264, 266, 270, 272, 277)

Prayer and Other Personal Spiritual Practices

Prayer and Other Personal Spiritual Practices is here defined as praying, meditating, or any other activity undertaken for a spiritual purpose by an individual outside of a group setting.

- A study with breast cancer outpatients reported that 76 percent had prayed about their situation as a way to cope with their diagnosis.
- Among depressed patients, depression severity was associated with lower religious attendance, less prayer, less scripture reading, and lower intrinsic religiosity. In summary, older medically ill hospitalized patients with depression are less religiously involved than non-depressed patients or those with less severe depression.
- Depressed patients who attended religious services and participated in other group-related religious activities experienced a shorter time to remission.
- Daily spiritual experiences predicted shorter length of hospital stay.
- Private religious activities (meditation, prayer, or Bible study) were a significant predictor of survival among subjects who were experiencing no disability on baseline evaluation. Among these subjects, little or no private religious activity predicted nearly a 50% increase in mortality.
- Patients with Alzheimer's disease who engaged in private religious practices had a significantly slower rate of cognitive decline.
- Daily Spiritual Experiences were inversely correlated with depression.
- Transcendental meditation may modulate the physiological response to stress and improve the metabolic syndrome, which is a known risk factor for coronary heart disease.
- Hatha yoga and Omkar meditation improved cardiorespiratory performance and increased plasma melatonin levels.

- Giving help was a stronger predictor of better reported mental health than receiving help. Among factors that predicted giving help were involvement in more prayer activities, greater satisfaction with prayer life, positive religious coping, and being a church elder.
- A positive relationship was found between personal prayer and well-being.
- Transcendental meditation led to a significant decrease of carotid intima-media thickness (a predictor of coronary heart disease and stroke).
- Mindfulness meditation subjects cleared their psoriasis plaques significantly more rapidly than control subjects.

(27, 48, 50, 51, 57, 58, 63, 67, 79, 82, 84, 100, 103, 105, 141, 175, 181, 189, 204, 224, 254, 271, 274)

Intrinsic Spirituality/Religiosity

Intrinsic spirituality/religiosity is spirituality that functions as an individual's master motive, for both theistic and non-theistic populations, both within and outside of religious frameworks. The intrinsically spiritual person practices spirituality for a spiritual purpose as opposed to practicing spirituality as a means to a non-spiritual end (e.g., wealth, social status).

- The combination of frequent religious attendance, prayer, Bible study and high intrinsic religiosity, predicted a 53% increase in speed of remission from depression.
- Evidence suggests that spirituality may be an asset for persons with an abuse history, and worthy of study as a component of human flourishing.
- Spirituality was positively associated with both benefit finding and positive reappraisal (the two being strongly inter-correlated); benefit finding, in turn, was associated with lower cortisol levels resulting in an indirect effect of spirituality through benefit finding.
- Intrinsically religious persons derive terror management benefits from their religious beliefs.
- Intrinsic religiosity had an indirect positive effect on psychological well-being, sense of purpose in life, and was directly and indirectly related to accepting approach towards death.
- Intrinsic religiosity was negatively related to both total psychological distress and depression.
- In men with prostate cancer high spirituality was significantly correlated with better physical health, mental health, sexual function, and fewer urinary problems.
- Intrinsic religious orientation resulted in less systolic blood pressures reactivity.
- Significant associations were documented between diurnal cortisol rhythm and measures of private religious activity and intrinsic religiosity.
- Spirituality's association with well-being is with its positive components, and confirmed the hypothesis that spirituality makes a unique contribution to well-being.

(51, 58, 86, 88, 97, 100, 102, 134, 135, 156, 157, 158, 159, 188, 192, 199, 200, 223)

Extrinsic Spirituality/Religiosity

Extrinsic Spirituality/Religiosity is spiritual activity undertaken for a non-spiritual end (e.g., security, social acceptance, social status, monetary gain). A number of negative health effects have been associated with extrinsic spirituality.

- Extrinsic religiosity (i.e., using religion as a means to some other important end) and negative religious coping (feeling punished or deserted by God, blaming God) were associated with greater depression.
- Extrinsic religiosity was related to lower well-being.

- Extrinsic religiosity was related to greater death anxiety and was inversely related to purpose in life (indirect effect) and to an accepting approach to death among hospice patients.
- On the positive side extrinsic religiosity, but not intrinsic religiosity, was associated with low-fat dietary fat behaviors.

(190, 156, 157, 238)

Scripture Study

Scripture Study is defined here as reading the scriptures of a religion for a spiritual purpose.

- Although numerous religious measures were unrelated by themselves to depression outcome, the combination of frequent religious attendance, prayer, Bible study and high intrinsic religiosity, predicted a 53% increase in speed of remission.
- Private religious activities (meditation, prayer, or Bible study) were a significant predictor of survival among subjects who were experiencing no disability on baseline evaluation.

(51, 67, 275)

Positive Religious Coping

Positive Religious Coping is here defined as a confident and constructive turning to spirituality or religion as a means of coping with difficult situations. Positive religious coping methods include benevolent religious appraisals of negative situations, collaborative religious coping, seeking spiritual support from God, seeking support from clergy or congregation members, religious helping of others, and religious forgiveness.

- 44 percent of the patients reported that religion was the most important factor that helped them cope with their illness or hospitalization.
- 56 percent of the families identified religion as the most important factor in helping them cope with their loved one's illness.
- A study of older adults found that more than half reported their religion was the most important resource that helped them cope with illness.
- Positive religious coping (i.e., seeking spiritual support, benevolent religious reappraisals) was in general associated with improvements in health.
- Positive religious coping was cross-sectionally related to less depression.
- Pre-operative positive religious coping predicted better post-op functioning.

(26, 59, 61, 87, 89, 101, 131, 133, 136, 137, 145, 167, 169, 171, 174, 216, 224, 261, 276)

Negative Religious Coping

Negative Religious Coping is a response to difficult situations that is marked by religious struggle and doubt. Negative religious coping methods include questioning the powers of God, expressions of anger toward God, expressions of discontent with the congregation and clergy, punitive religious appraisal of negative situations, and demonic religious appraisals.

- Negative religious coping (i.e., punishing God reappraisal, interpersonal religious discontent) predicted declines in health.
- Higher religious struggle scores at baseline (that ranged from 0 to 21) predicted greater risk of mortality; for every 1-point increase on religious struggles, there was a 6% increase in mortality.

- Negative religious coping was associated with greater preoperative psychological distress, and prospectively predicted greater post-operative distress.
- In a sample of advanced cancer patients negative religious coping was related to worse quality of life.
- Among people with symptoms of psychopathology negative religious coping was positively associated with anxiety, phobic anxiety, depression, paranoid ideation, obsessive-compulsiveness, and somatization.
- In a sample of older adults living in residential care (skilled, intermediate, assisted-living) negative religious coping was related to greater depression.
- Negative religious coping (feeling punished or deserted by God, blaming God) were associated with greater depression.

(59, 65, 87, 89, 117, 137, 145, 152, 164, 170, 238)

Belief in an Afterlife

Belief in an Afterlife is here defined as the conviction that one will enjoy a happy personal existence after death.

- Inverse relationships were found between belief in life-after-death and symptom severity on all six measures of psychiatric illness (anxiety, depression, obsession-compulsion, paranoia, phobia and somatization).
- Belief in a good afterlife at the baseline interview buffered against the development of self-reported hypertension.

(75, 175, 252)

Conclusions

The survey of research literature on the relationship between spirituality/religion and health shows many statistical trends. Among them I find the following to be especially significant.

Regular (at least weekly) attendance at worship services has significant health benefits. Regular attenders live longer, have better physical and mental health, and a higher quality of life than people who do not attend regularly.

The second significant statistical trend that bears comment has to do with how spiritual care affects patients' length of stay in acute care.

In one study patients in acute care who received regular visits from a hospital chaplain experienced a greater reduction in anxiety than patients who did not receive visits and their stay in hospital was 37% shorter than patients who did not receive visits. (See 262 in the References.)

References

1. Benson, Herbert. (1999). Timeless Healing. N.Y.: Scribner, p. 305.
2. Berg, Gary E., Fonss, N., Reed, A. J. & VandeCreek, L. (1995). The Impact of Religious Faith and Practice on Patients Suffering From a Major Affective Disorder: A Cost Analysis. Journal of Pastoral Care, 49(4), pp. 359-363.

3. Berry, Wendell. (1994). A Parting. Entries: Poems by Wendell Berry. New York: Pantheon Books, 11.
4. Brady, Marianne J., Peterman, A. H., Fitchett, G., Mo, M., & Cella, D. (1999). A Case for Including Spirituality in Quality of Life Measurement in Oncology. Psycho-Oncology, 8(5), 417-428.
5. Burgener, Sandy C. (1999) Predicting Quality of Life in Caregivers of Alzheimer's Patients: The Role of Support from and Involvement with the Religious Community. Journal of Pastoral Care, 53(4), 433-446.
6. Canadian Council on Health Services Accreditation. (1999). Achieving Improved Measurement (AIM) Program. 430-1730 St Laurent Blvd, Ottawa, Ontario, Canada, K1G 5L1. Sections 13.3 & 14.9.
7. Carey, Raymond G. (1973). Chaplaincy, Component of Total Patient Care? Hospitals: Journal of the American Hospital Association, 47(14), 166-172.
8. Carey, Raymond D. (1985). Change in Perceived Need, Value and Role of Hospital Chaplains. In Lawrence E. Holst (Ed.) Hospital Ministry: The Role of the Chaplain Today (New York: Crossroad Publishing Company), pp. 28-41.
9. Daly, G. (2000). Ethics and Economics. Nursing Economics, 18(4), 194-201.
10. Feher, S. & Maly, C. (1999). Coping With Breast Cancer in Later Life: The Role of Religious Faith. Psycho-Oncology, 8(5), 408-416.
11. Fehring, Richard J., Miller, J.F., & Shaw, C. (1997). Spiritual Well-Being, Religiosity, Hope, Depression, and Other Mood States in Elderly People Coping With Cancer. Oncology Nursing Forum, 24(4), 663-671.
12. Fitchett, George, Burton, L. A.., & Sivan, A. B. (1997). The Religious Needs and Resources of Psychiatric In-Patients. Journal of Nervous and Mental Disease, 185(5) 320-326.
13. Fitchett, George, Rybarczyk, B. D., DeMarco, G. A., & Nicholas, J. J. (1999). The Role of Religion in Medical Rehabilitation Outcomes: A Longitudinal Study. Rehabilitation Psychology, 44,(4), 333-353.
14. Fitchett, George. (1999a). Screening for Spiritual Risk. Chaplaincy Today, 15(1), 2-12.
15. Fitchett, George. (1999b). Selected Resources for Screening for Spiritual Risk. Chaplaincy Today, 15(1), 13-26.
16. Fitchett, George, Meyer, P. & Burton, L. A. (2000). Spiritual Care: Who Requests It? Who Needs It? Journal of Pastoral Care, 54(2), 173-186.
17. Gibbons, James L. & Miller, S.L. (1989). An Image of Contemporary Hospital Chaplaincy. Journal of Pastoral Care, 43(4), 355-361.
18. Gibbons, James L., Thomas, J., VandeCreek, L., & Jessen A. K. (1991). The Value of Hospital Chaplains: Patient Perspectives. Journal of Pastoral Care, 45(2), 117-125.
19. Henry, L.G. & Henry, J.D. (1999). Reclaiming Soul in Health Care. Chicago: Health Form, Inc. 52.
20. Hover, Margot, Travis, J. L. III, Koenig, H. G., & Bearon, L. B. (1992). Pastoral Research in a Hospital Setting: A Case Study. Journal of Pastoral Care, 46(3), 283-290.
21. Johnson, Sarah C. & Spilka, B. (1991). Coping with Breast Cancer: The Roles of Clergy and Faith. Journal of Religion and Health, 30(1), 21-33.
22. Joint Commission on Accreditation of Healthcare Organizations. (1998). CAMH Refreshed Core, January, RI1.
23. Kaczorowski, Jane M. (1989). Spiritual Well-Being and Anxiety in Adults Diagnosed with Cancer. The Hospice Journal, 5,(3-4), 105-116.
24. Kaplan, Marty. (June 24, 1996). Ambushed by Spirituality. Time Magazine, 62.
25. Koenig, Harold G., Moberg, D. O., & Kvale, J. N. (1988). Religious Activities and Attitudes of Older Adults in a Geriatric Assessment Clinic. Journal of the American Geriatrics Society, 36, 362-374.
26. Koenig, Harold G., Hover, M., Bearon, L. B., & Travis, J. L. III. (1991). Religious Perspectives of Doctors, Nurses, Patients, and Families. Journal of Pastoral Care, 45(3), 254-267.
27. Koenig, Harold G., Pargament, K. I., & Nielsen, J. (1998). Religious Coping and Health Status in Medically Ill Hospitalized Older Adults. Journal of Nervous and Mental Disease, 186(9), 513-521.
28. Koenig, Harold G. (1999). The Healing Power of Faith (New York: Simon and Schuster).
29. Mason, Edna. (1990). The Changing Role of Hospital Chaplaincy. Reformed Liturgy and Music, 24(3), 127-130.
30. Matthews, Dale A., McCullough, M. E., Larson, D. B., Koenig, H. G., Swyers, J. P., & Milano, M. G. (1998). Religious Commitment and Health Status: A Review of the Research and Implications for Family Medicine. Archives of Family Medicine, 7, 118-124.
31. May, Gerald. (1982). Care of Mind/Care of Spirit. San Francisco: Harper and Row, 7.
32. McCullough, Michael, Hoyt, W., Larson, D., Koenig., Thoresen, C. (2000). Religious Involvement and Mortality: A Meta-Analytic Review. Health Psychology, 19(3), 211-222.
33. McNichol, T. (1996). The New Faith in Medicine. USA Today, April 7, p.4.
34. Mickley, Jacqueline R., Soeken, K., & Belcher, A. (1992). Spiritual Well-Being, Religiousness and Hope Among Women with Breast Cancer. Image: Journal of Nursing Scholarship, 24(4), 267-272.

35. Mitroff, Ian & Denton, E. (1999). A Spiritual Audit of Corporate America: A Hard Look At Spirituality, Religion, and Values in the Workplace. San Francisco: Jossey-Bass Publishers.
36. Moadel, Alyson, Morgan, C., Fatone, A., Grennan, J., Carter, J., Laruffa, G., Skummy, A., & Dutcher, J. (1999). Seeking Meaning and Hope: Self-Reported Spiritual and Existential Needs Among an Ethnically-Diverse Cancer Patient Population. Psycho-Oncology, 8(5), 378-385
37. Pargament, Kenneth. (1997). The Psychology of Religion and Coping: Theory, Research, Practice. New York: Guilford Publications.
38. Pargament, Kenneth, Cole, B., VandeCreek, L., Brant, C., & Perex L. (1999). The Vigil: Relion and the Search for Control in the Hospital Waiting Room. Journal of Health Psychology, 4(3), 327-341.
39. Roberts, James A., Brown, D., Elkins, T., & Larson, D. B. (1997). Factors Influencing Views of Patients with Gynecologic Cancer About End-of -Life Decisions. American Journal of Obstetrics and Gynecology, 176, 166-172.
40. Sharp, Cecil G. (1991). The Use of Chaplaincy in the Neonatal Intensive Care Unit. Southern Medical Journal, 84(12), 1482-1486.
41. Sivan, A., Fitchett, G., & Burton, L. (1996). Hospitalized Psychiatric and Medical Patients and the Clergy. Journal of Religion and Health, 35(1), 11-19.
42. VandeCreek, Larry, Thomas, J., Jessen, A., Gibbons, J., & Strasser, S. (1991). Patient and Family Perceptions of Hospital Chaplains. Hospital and Health Services Administration, 36(3), 455-467.
43. VandeCreek, Larry & Lyon, M. (1994/1995). The General Hospital Chaplain's Ministry: Analysis of Productivity, Quality and Cost. The Caregiver Journal, 11(2), 3-13.
44. VandeCreek, Larry & Cooke, B. (1996). Hospital Pastoral Care Practices of Parish Clergy. Research in the Social Scientific Study of Religion, 7, 253-264.
45. VandeCreek, Larry & Lyon, M. (1997). Ministry of Hospital Chaplains: Patient Satisfaction. The Journal of Health Care Chaplaincy, 6(2), 1-61. (Also in book form: (New York: Haworth Press, 1997).
46. VandeCreek, Larry & Gibson, S. (1997). Religious Support from Parish Clergy for Hospitalized Parishioners: Availability, Evaluation, Implications. Journal of Pastoral Care, 51(4), 403-414.
47. VandeCreek, Larry, Pargament, K., Belavich, T., Cowell, B. & Friedel, L. (1999). The Unique Benefits of Religious Support During Cardiac Bypass Surgery. Journal of Pastoral Care, 53(1), 19-29.
48. VandeCreek, Larry, Rogers, E., & Lester, J. (1999). Use of Alternative Therapies Among Breast Cancer Outpatients Compared with the General Population. Alternative Therapies, 5(1), 71-76.
49. Yankelovich Partners, Inc. (1997). Belief and Healing: HMO Professionals and Family Physicians. Report Prepared for the John Templeton Foundation.
50. Koenig HG (2007). Religion and depression in older medical inpatients. American Journal of Geriatric Psychiatry 15 (4): 282-291 (April)
51. Koenig HG (2007). Religion and remission of depression in medical inpatients with heart failure/pulmonary disease. Journal of Nervous and Mental Disease 195:000-000 (May)
52. Catanzaro A, Meador KG, Koenig HG, Kuchibhatla M, Clipp E (2007).Congregational health ministries: A national study of pastors' views. Public Health Nursing, in press
53. Chen YY, Koenig HG (2006). Do people turn to religion in times of stress? An examination of change in religiousness among elderly, medically ill patients. Journal of Nervous and Mental Disease, 194 (2): 114-120
54. Steinhauser KE. Voils CI. Clipp EC. Bosworth HB. Christakis NA. Tulsky JA. "Are you at peace?": One item to probe spiritual concerns at the end of life. Archives of Internal Medicine. 166(1):101-105, 2006.
55. Harrison MO, Edwards CL, Koenig HG, Bosworth HB, Decastro L, Wood M. Religiosity/spirituality and pain in patients with sickle cell disease. Journal of Nervous and Mental Disease 2005;193(4):250-257.
56. Krucoff MW, Crater SW, Gallup D, Blankenship JC, Cuffe M, Guarneri M, Krieger RA, Kshettry VR, Morris K, Oz M, Pichard A, Sketch MH, Jr., Koenig HG, Mark D, Lee KL. Music, imagery, touch, and prayer as adjuncts to interventional cardiac care: the Monitoring and Actualisation of Noetic Trainings (MANTRA) II randomised study. Lancet 2005; 366(9481):211-217.
57. Koenig HG, George LK, Titus P, Meador KG (2004). Religion, spirituality, acute hospital and long-term care use by older patients. Archives of Internal Medicine 164:1579-1585
58. Koenig HG, George LK, Titus P (2004). Religion, spirituality and health in medically ill hospitalized older patients. Journal of the American Geriatrics Association 52:554–562
59. Pargament KI, Koenig HG, Tarakeshwar N, Hahn J (2004). Religious Coping Methods as Predictors of Psychological, Physical and Spiritual Outcomes among Medically Ill Elderly Patients: A Two-year Longitudinal Study. Journal of Health Psychology 9(6):713-730.

60. Hughes JW, Tomlinson A, Blumenthal JA, Davidson J, Sketch MH, Watkins LL (2004). Social support and religiosity as coping strategies for anxiety in hospitalized cardiac patients. Annals of Behavioral Medicine 28(3):179-185.
61. Bosworth HB, Park KS, et al. (2003). The impact of religious practice and religious coping on geriatric depression. International Journal of Geriatric Psychiatry 18(10): 905-14.
62. Grunberg GE, Crater SW, Green CL, Seskevich J, Lane JD, Koenig HG, Bashore TM, Morris KG, Mark DB, Krucoff MW (2003). Correlations of subjective perception and clinical outcome in patients undergoing coronary angioplasty. Cardiology in Review 11(6): 309-317 (contact Dr. Krucoff for more information - kruco001@onyx.dcri.duke.edu)
63. Koenig HG, George LK, Titus P, Meador KG (2003). Religion, spirituality and health service use by older hospitalized patients. Journal of Religion and Health 42(4):301-314
64. Koenig HG (2002). An 83-year-old woman with chronic illness and strong religious beliefs. Journal of the American Medical Association (JAMA) 288 (4):487-493 (case report and review)
65. Pargament KI, Koenig HG, Tarakeshwar N, Hahn J (2001). Religious struggle as a predictor of mortality among medically ill elderly patients: A two-year longitudinal study. Archives of Internal Medicine 161:1881-1885.
66. Steinhauser KE, Christakis NA, Clipp EC, et al (2000). Factors considered important at the end of life by patients, family, physicians, and other care providers. Journal of the American Medical Association (JAMA) 284: 2476-2482
67. Helm HM, Hays JC, Flint EP, Koenig HG, Blazer DG (2000). Does private religious activity prolong survival? A six-year follow-up study of 3,851 older adults. Journals of Gerontology Series A-Biological Sciences & Medical Sciences 55(7):M400-M405
68. Curlin FA, Lawrence RE, Odell S, Meador KG, Koenig HG (2007). Religion, spirituality, and medicine: Psychiatrists' observations, interpretation, and clinical approaches differ from those of other physicians. American Journal of Psychiatry, in press
69. Curlin FA, Lawrence RE, Odell S, Meador KG, Koenig HG (2007). Worldviews Apart? The relationship between psychiatry and religion among US physicians. Psychiatric Services, in press
70. Bussing A, Ostermann T, Koenig HG (2007). Relevance of religion and spirituality in German patients with chronic disease. International Journal of Psychiatry in Medicine, in press
71. Galek K, Flannelly KJ, Koenig HG, Fogg SL (2007). Referrals to chaplains: The role of religion and spirituality in healthcare. Mental Health, Religion, and Culture, in press
72. Park NS, Klemmack DL, Roff LL, Parker MW, Koenig HG (2007). Religiousness and longitudinal trajectories in elders' functional status. Journal of Aging and Health, in submission.
73. Ostbye T. Krause KM. Norton MC. Tschanz J. Sanders L. Hayden K. Pieper C. Welsh-Bohmer KA (2006). Cache County Investigators. Ten dimensions of health and their relationships with overall self-reported health and survival in a predominately religiously active elderly population: the cache county memory study. Journal of the American Geriatrics Society 54(2):199-209
74. Roff L L, Klemmack DL, Simon C, Cho GW, Parker MW, Koenig HG, Sawyer-Baker P, Allman RM. (2006). Functional limitations and religious service attendance among African American and white elders. Health & Social Work 31(4):246-255
75. Flannelly KJ, Koenig HG, Ellison CG, Galek K, Krause N (2006). Belief in life-after-death and mental health: Findings from a national survey. Journal of Nervous and Mental Disorder, 194(7):524-529
76. McCauley J, Jenckes MW, Tarpley MJ, Koenig HG, Yanek LR, Becker DM (2005). Spiritual beliefs and barriers among managed care practitioners. Journal of Religion and Health 44 (2):137-146
77. Cohen AB, Pierce JD, Meade R, Chambers J, Gorvine BJ, Koenig HG (2005). Intrinsic and extrinsic religiosity, belief in the afterlife, death anxiety, and life satisfaction in young Catholic and Protestant adults. Journal of Research in Personality, 39, 307-324
78. Overvold J,Weaver AJ, Flannelly KJ, Koenig HG (2005). A study of religion and meaning in caregiving among health professionals in an institutional setting in New York City. Journal of Pastoral Care and Counseling, 59(3), 225-235
79. Roff LL, Klemmack DL, Parker M, Koenig HG, Baker P, and Allman RL (2005). Religiosity, smoking, exercise and obesity among Southern community-dwelling older adults. Journal of Applied Gerontology 24:337-354
80. Baetz M, Griffin R, Bowen R, Koenig HG, Marcoux G (2004).
81. Journal of Nervous and Mental Disorders 192:818-822
82. Ai AL, Peterson C, Tice TN, Bolling SF, Koenig HG (2004).

83. Litwin H (2007). Evidence suggests that people who attend synagogue live longer. European Journal of Ageing, August issue (also, see website: http://www.haaretz.com/hasen/spages/895546.html).
84. Kaufman Y, Anaki D, Binns M, Freedman M (2007). Cognitive decline in Alzheimer's disease: Impact of spirituality, religiosity, and QOL. Neurology 2007; 68:1509–1514.
85. Balboni TA, Vanderwerker LC, Block SD, Paulk ME, Lathan CS, Peteet JR, Prigerson HG (2007). Religiousness and spiritual support among advanced cancer patients and associations with end-of-life treatment preferences and quality of life. Journal of Clinical Oncology 25:555-560.
86. Galea M, Ciarrocchi JW, Piedmont RL, & Wicks RJ (2007). Child abuse, personality, and spirituality as predictors of happiness in Maltese college students. Research in the Social Scientific Study of Religion 18: 141-154.
87. Mendonca D, Oakes KE, Ciarrocchi JW, Sneck WJ, Gillespie K (2007). Spirituality and God attachment as predictors of subjective well-being for seminarians and nuns in India. Research in the Social Scientific Study of Religion 18: 121-140.
88. Walsh JW, Ciarrocchi JW, Piedmont RL, & Haskins D (2007). Spiritual transcendence and religious practices in recovery from pathological gambling: Reducing pain or enhancing quality of life? Research in the Social Scientific Study of Religion 18: 155-175.
89. Ai, A. L., Park, C. L., Huang, B., Rodgers, W., & Tice, T. N. (2007). Psychosocial mediation of religious coping styles: a study of short-term psychological distress following cardiac surgery. Personality & Social Psychology Bulletin 33(6):867-82.
90. Wanyama, J., Castelnuovo, B., Wandera, B., Mwebaze, P., Kambugu, A., Bangsberg, D. R., et al. (2007). Belief in divine healing can be a barrier to antiretroviral therapy adherence in Uganda. AIDS 21(11):1486-7.
91. Daniels, N. A., Juarbe, T., Moreno-John, G., & Perez-Stable, E. J. (2007). Effectiveness of adult vaccination programs in faith-based organizations. Ethnicity & Disease 17(1 Suppl 1):S15-22.
92. Reiter, J., Wexler, I. D., Shehadeh, N., Tzur, A., & Zangen, D. (2007). Type 1 diabetes and prolonged fasting. Diabetic Medicine 24(4):436-9.
93. Maselko, J., Kubzansky, L., Kawachi, I., Seeman, T., & Berkman, L. (2007). Religious service attendance and allostatic load among high-functioning elderly. Psychosomatic Medicine 69(5):464-72.
94. Furnham, A., & Wong, L. (2007). A cross-cultural comparison of British and Chinese beliefs about the causes, behaviour manifestations and treatment of schizophrenia. Psychiatry Research. 151(1-2):123-138.
95. Willemsen, G., & Boomsma, D. I. (2007). Religious upbringing and neuroticism in Dutch twin families. Twin Research & Human Genetics 10(2):327-33.
96. Wong, Y. K., Tsai, W. C., Lin, J. C., Poon, C. K., Chao, S. Y., Hsiao, Y. L., et al. (2006). Socio-demographic factors in the prognosis of oral cancer patients. Oral Oncology 42(9):893-906.
97. Ironson G, Stuetzie R, Flectcher MA (2006). An increase in religiousness/ spirituality occurs after HIV diagnosis and predicts slower disease progression over 4 years in people with HIV. Journal of General Internal Medicine 21:S62-68.
98. Tully J. Viner RM. Coen PG. Stuart JM. Zambon M. Peckham C. Booth C. Klein N. Kaczmarski E. Booy R (2006). Risk and protective factors for meningococcal disease in adolescents: matched cohort study. British Medical Journal 332(7539):445-50.
99. Gillum RF, Ingram DD (2006). Frequency of attendance at religious services, hypertension, and blood pressure: The Third National Health and Nutrition Examination Survey. Psychosomatic Medicine 68: 382-385.
100. Hebert RS, Dang Q, Schulz R (2006). Religious Beliefs and Practices Are Associated With Better Mental Health in Family Caregivers of Patients With Dementia: Findings From the REACH Study. American Journal of Geriatric Psychiatry December 8 online version (http://ajgponline.org/cgi/rapidpdf/01.JGP.0000247160.11769.abv1.pdf).
101. Yoshimoto SM. Ghorbani S. Baer JM. Cheng KW. Banthia R. Malcarne VL. Sadler GR. Ko CM. Greenbergs HL (2006). Varni JW. Religious coping and problem-solving by couples faced with prostate cancer. European Journal of Cancer Care 15(5):481-8.
102. Carrico AW. Ironson G. Antoni MH. Lechner SC. Duran RE. Kumar M. Schneiderman N (2006). A path model of the effects of spirituality on depressive symptoms and 24-h urinary-free cortisol in HIV-positive persons. Journal of Psychosomatic Research 61(1):51- 8.
103. Bormann JE, Giffor AL, Shively M Smith TL, Rdwien L, Kelly A, et al. (2006). Effects of spiritual mantram repetition on HIV outcomes: A randomized clinical trial. Journal of Behavioral Medicine 29:359-376.
104. Becker G, Momm F, X and er C, Bartelt S, Z and er-Heinz A, Budischewski K, Domin C, Henke M, Adamietz IA, Frommhold H (2006). Religious belief as a coping strategy: an explorative trial in patients irradiated for head- and -neck cancer. Strahlentherapie und Onkologie 182(5):270-276.

105. Mofidi M, DeVellis RF, Blazer DG, DeVellis BM, panter AT, Jordan JM (2006). Spirituality and depressive symptoms in racially diverse US sample of community-dwelling adults. Journal of Nervous and Mental Disease 194:975-977.
106. Moll J, Krueger F, Zahn R, Pardini M, de Oliveira-Souza R, Grafman J (2006). Human fronto–mesolimbic networks guide decisions about charitable donation. Proceedings of the National Academy of Sciences 103 (42):15623-15628
107. Bowen, R., Baetz, M., & D'Arcy, C. (2006). Self-rated importance of religion predicts oneyear outcome of patients with panic disorder. Depression and Anxiety 23(5), 266-273.
108. Krause N (2006). Church-based social support and mortality. Journals of Gerontology Series B-Psychological Sciences & Social Sciences 61(3):S140-146.
109. Szaflarski M, Ritchey P, Leonard AC, Mrus JM, Peterman AH, Ellison CG, McCullough ME, Tsevat J (2006). Modeling the Effects of Spirituality/Religion on Patients' Perceptions of Living with HIV/AIDS. Journal of General Internal Medicine 21(Suppl 5):S28-S38.
110. Cotton S, Puchalski CM, Sherman SN, Mrus JM, Peterman AH, Feinberg J, Pargament KI, Justice AC, Leonard AC, Tsevat J (2006). Spirituality and Religion in Patients with HIV/AIDS. Journal of General Internal Medicine 21(Suppl 5):S5-S13.
111. Friedman LC, Kalidas M, Elledge R, Dulay MF, Romero C, Chang J, Liscum KR (2006). Medical and psychosocial predictors of delay in seeking medical consultation for breast symptoms in women in a public sector setting. Journal of Behavioral Medicine 29(4):327- 334.
112. Hill TD. Burdette AM. Angel JL. Angel RJ (2006). Religious attendance and cognitive functioning among older Mexican Americans. Journals of Gerontology Series BPsychological Science *s &* Social Sciences 61(1):P3-9.
113. Yeager DM, Glei DA, Au M, Lin HS, Sloan RP, Weinstein M (2006). Religious involvement and health outcomes among older persons in Taiwan. Social Sciences and Medicine 63(8):2228-2241.
114. Krause N (2006). Exploring the stress-buffering effects of church-based and secular social support on self-rated health in late life. Journals of Gerontology Series B-Psychological Science *s* & Social Science *s* 61(1):S35-43.
115. Holmes SM. Rabow MW. Dibble SL (2006). Screening the soul: communication regarding spiritual concerns among primary care physicians and seriously ill patients approaching the end of life. American Journal of Hospice & Palliative Care 23(1):25-33.
116. Molassiotis A. Panteli V. Patiraki E. Ozden G. Platin N. Madsen E. Browall M. Fernandez- Ortega P. Pud D. Margulies A (2006). Complementary and alternative medicine use in lung cancer patients in eight European countries Complementary Therapies in Clinical Practice. 12(1):34-9.
117. Lonczak, H.S., Clifasefi, S.L., Marlatt, G.A., Blume, A.W., Donovan, D.M (2006). Religious coping and psychological functioning in a correctional population. Mental Health, Religion and Culture 9(2):171-192.
118. Hill, T.D., Burdette, A.M., Ellison, C.G., Musick, M.A (2006). Religious attendance and the health behaviors of Texas adults. Preventive Medicine 42(4):309-312.
119. Elizabeth JD, Graham M, Swanson M (2006). Psychosocial and spiritual factors associated with smoking and substance use during pregnancy in African American and White lowincome women Journal of Obstetric, Gynecologic, & Neonatal Nursing 35(1):68-77.
120. Hamilton JL. Levine JP (2006). Neo-Pagan patients' preferences regarding physician discussion of spirituality Family Medicine 38(2):83-4.
121. Harrison JP. Sexton C (2006). The improving efficiency frontier of religious not-for-profit hospitals. Hospital Topics *84(1):2-10.*
122. Canada AL. Parker PA. de Moor JS. Basen-Engquist K. Ramondetta LM. Cohen L (2006). Active coping mediates the association between religion / spiritual ity and quality of life in ovarian cancer. Gynecologic Oncology 101(1):102-7.
123. Harris KM. Edlund MJ. Larson SL (2006). Religious involvement and the use of mental health care. Health Services Research 41(2):395-410.
124. Young DR. Stewart KJ (2006). A church-based physical activity intervention for African American women. Family & Community Health 29(2):103-17.
125. Drentea P. Goldner MA (2006). Caregiving outside of the home: the effects of race on depression. Ethnicity & Health. 11(1):41-57.
126. Alderete E. Juarbe TC. Kaplan CP. Pasick R. Perez-Stable EJ (2006). Depressive symptoms among women with an abnormal mammogram. Psycho-Oncology 15(1):66-78.
127. Parsons SK. Cruise PL. Davenport WM. Jones V (2006). Religious beliefs, practices and treatment adherence among individuals with HIV in the southern United States. AIDS Patient Care & Stds. 20(2):97-111.

128. Al-Sabwah MN. Abdel-Khalek AM (2006). Religiosity and death distress in Arabic college students. Death Studies 30(4):365-75.
129. Murray-Swank AB, Lucksted A, Medoff DR, Yang Y, Wohlheiter K, Dixon LB (2006). Religiosity, psychosocial adjustment, and subjective burden of persons who care for those with mental illness. Psychiatric Services 57:361-365.
130. Krisanaprakornkit T. Krisanaprakornkit W. Piyavhatkul N. Laopaiboon M (2006). Meditation therapy for anxiety disorders. Cochrane Database of Systematic Reviews. (1):CD004998.
131. Gillum TL. Sullivan CM. Bybee DI (2006). The importance of spirituality in the lives of domestic violence survivors Violence Against Women 12(3):240-50.
132. Saxena S (2006). A cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life Social Science and Medicine 62(6):1486-1497.
133. Ai AL, Peterson C, Bolling SF, Rodgers W (2006). Depression, faith-based coping, and short-term postoperative global functioning in adult and older patients undergoing cardiac surgery. Journal of Psychosomatic Research 60(1):21-28.
134. Jonas E. Fischer P (2006). Terror management and religion : evidence that intrinsic religiousness mitigates worldview defense following mortality salience. Journal of Personality & Social Psychology 91(3):553-567.
135. Ciarrocchi JW, & Deneke E (2006). Hope, optimism, pessimism, and spirituality as predictors of well-being controlling for personality. Research in the Social Scientific Study of Religion 16: 161-183.
136. Park CL (2006). Exploring relations among religiousness, meaning, and adjustment to lifetime and current stressful encounters in later life. Anxiety, Stress and Coping 19 (1):33- 45.
137. Pearce MJ. Singer JL. Prigerson HG (2006). Religious coping among caregivers of terminally ill cancer patients: main effects and psychosocial mediators. Journal of Health Psychology 11(5):743-59, 2006.
138. Schoeneberger ML. Leukefeld CG. Hiller ML. Godlaski T (2006). Substance abuse among rural and very rural drug users at treatment entry. American Journal of Drug & Alcohol Abuse. 32(1):87-110.
139. Benjamins MR (2006). Does religion influence patient satisfaction? American Journal of Health Behavior 30(1):85-91.
140. Allen JJB, Schnyer RN, Chambers AS, Hitt SK, Moreno FA, Manber R (2006). Acupuncture for depression: a randomized controlled trial. Journal of Clinical Psychiatry 67:1665-1673.
141. Paul-Labrador M, Polk D, Dwyer JH, et al (2006). Effects of a randomized controlled trial of transcendental meditation on components of the metabolic syndrome in subjects with coronary heart disease. Archives of Internal Medicine 166(11):1218-1224.
142. Gillum RF (2006). Frequency of attendance at religious services and leisure-time physical activity in American women and men: The Third National Health and Nutrition Examination Survey. Annals of Behavioral Medicine 31 (1):30-35.
143. Reyes-Ortiz CA, Ayele H, Mulligan T, Espino DV, Berges IM, Markides KS (2006). Higher church attendance predicts lower fear of falling in older Mexican-Americans. Aging and Mental Health 10(1):13-18.
144. la Cour P, Avlund K, Schultz-Larsen K (2006). Religion and survival in a secular region. A twenty year follow-up of 734 Danish adults born in 1914. Social Science & Medicine 62:157-164.
145. Tarakeshwar N, Vanderwerker LC, Paulk E, Pearce MJ, Kasl SV, Prigerson HG (2006). Religious coping is associated with the quality of life of patients with advanced cancer. Journal of Palliative Medicine 9(3):646-65.
146. Moss Q, Fleck DE. Strakowski SM (2006). The influence of religious affiliation on time to first treatment and hospitalization. Schizophrenia Research 84(2-3):421-426.
147. Schiff M (2006). Living in the shadow of terrorism: psychological distress and alcohol use among religious and non-religious adolescents in Jerusalem. Social Science & Medicine 62(9):2301-2312.
148. Assarian F. Biqam H. Asqarnejad A (2006). An epidemiological study of obsessivecompulsive disorder among high school students and its relationship with religious attitudes. Archives of Iranian Medicine 9(2):104-7.
149. Falcone RA Jr. Brentley AL. Ricketts CD. Allen SE. Garcia VF (2006). Development, implementation and evaluation of a unique African-American faith-based approach to increase automobile restraint use. Journal of the National Medical Association 98(8):1335- 41.
150. Timberlake DS. Rhee SH. Haberstick BC. Hopfer C (2006). Ehringer M. Lessem JM. Smolen A. Hewitt JK. The moderating effects of religiosity on the genetic and environmental determinants of smoking initiation. Nicotine & Tobacco Research 8(1):123- 33.
151. Benson H, Dusek JA, Sherwood JB, et al (2006). Study of the therapeutic effects of intercessory prayer (STEP) in cardiac bypass patients: A multi-center randomized trial of uncertainty and certainty of receiving intercessory prayer. American Heart Journal 151:934-942.

152. Yi MS, Luckhaupt SE, Mrus JM, et al (2006). Religion , spirituality, and depressive symptoms in primary care house officers. Ambulatory Pediatrics 6:84-90.
153. Rew L. Wong YJ (2006). A systematic review of associations among religiosity /spirituality and adolescent health attitudes and behaviors. Journal of Adolescent Health 38:433-442.
154. Kelly S. Floyd FJ (2006). Impact of racial perspectives and contextual variables on marital trust and adjustment for African American couples. Journal of Family Psychology. 20(1):79-87.
155. Curlin FA, Chin MH, Sellergren SA, Roach CJ, Lentos JD (2006). The association of physicians' religious characteristics with their attitudes and self-reported behaviors regarding religion and spirituality in the clinical encounter. Medical Care 44:446-453.
156. Dezutter, J., Soenens, B., Hutsebaut, D (2006). Religiosity and mental health: A further exploration of the relative importance of religious behaviors vs. religious attitudes. Personality and Individual Differences 40(4):807-818.
157. Ardelt M, Koenig CS (2006). The role of religion for hospice patients and relatively healthy older adults. Research on Aging 28(2):184-215.
158. Lesniak KT, Rudman W, Rector MB, Elkin T (2006). Psychological distress, stressful life events, and religiosity in younger African American adults. Mental Health, Religion & Culture 9(1):15-28.
159. Krupski TL, Kwan L, Fink A, et al. (2006). Spirituality influences health related quality of life in men with prostate cancer. Psycho-Oncology 15:121–131.
160. Regnerus MD, Burdette A (2006). Religious change and adolescent family dynamics. Sociological Quarterly 47:175-194.
161. Abdel-Khalek AM (2006). Happiness, health, and religiosity: Significant relations. Mental Health, Religion & Culture 9(1):85-97.
162. Rummans TA, Clark MM, Sloan JA, Frost MH, Bostwick JM, Atherton PJ, Johnson ME, Gamble G, Richardson J, Brown P, Martensen J, Miller J, Piderman K, Huschka M, Girardi J, Hanson J (2006). Impacting quality of life for patients with advanced cancer with a structured multidisciplinary intervention: a randomized controlled trial. J Clin Oncology 24(4):635-42.
163. Huguelet P, Mohr S, Borras L, Gillieron C, Brandt P (2006). Spirituality and religious practices among outpatients with schizophrenia and their clinicians . Psychiatric Services 57(3):366-372.
164. McConnell KM, Pargament KI, Ellison CG, Flannelly KJ (2006). Examining the links between spiritual struggles and symptoms of psychopathology in a national sample. Journal of Clinical Psychology 62(12):1469-84.
165. Hamrick N, Diefenbach MA (2006). Religion and spirituality among patients with localized prostate cancer. Palliative & Supportive Care 4(4):345-55.
166. Mohr S, Brandt PY, Borras L, Gillieron C, Huguelet P (2006). Toward an integration of spirituality and religiousness into the psychosocial dimension of schizophrenia. American Journal of Psychiatry 163(11):1952-9.
167. Lechner SC, Carver CS, Antoni MH, Weaver KE, Phillips KM (2006). Curvilinear associations between benefit finding and psychosocial adjustment to breast cancer. Journal of Consulting & Clinical Psychology 74(5):828-40.
168. Watlington CG, Murphy CM (2006). The roles of religion and spirituality among African American survivors of domestic violence. Journal of Clinical Psychology 62(7):837-57.
169. Zehnder D, Prchal A, Vollrath M, Landolt MA (2006). Prospective study of the effectiveness of coping in pediatric patients. Child Psychiatry & Human Development 36(3):351-68.
170. Schanowitz JY, Nicassio PM (2006). Predictors of positive psychosocial functioning of older adults in residential care facilities. Journal of Behavioral Medicine 29(2):191-201.
171. Billig M, Kohn R, Levav I (2006). Anticipatory stress in the population facing forced removal from the Gaza Strip. Journal of Nervous & Mental Disease 194(3):195-200.
172. Roehlkepartain EC, King PE, Wagener L, Benson PL (2006). The Handbook of Spiritual Development in Childhood and Adolescence. CA: Thousand Oaks, CA:Sage Publications.
173. Lorenz KA, Hays RD, Shapiro MF, Cleary PD, Asch SM, Wenger NS (2005). Religiousness and spirituality among HIV-infected Americans. Journal of Palliative Medicine 8(4):774-81.
174. Tarakeshwar, N., Pearce, M. J., & Sikkema, K. J. (2005). Development and implementation of a spiritual coping group intervention for adults living with HIV/AIDS: A pilot study. Mental Health, Religion & Culture 8(3):179-190.
175. Wink P, Larsen B, Dillon M (2005). Religion as moderator of the depression-health connection: Findings from a longitudinal study. Research on Aging 27(2):197-220.

176. Wink P, Scott J (2005). Does Religiousness Buffer Against the Fear of Death and Dying in Late Adulthood? Findings From a Longitudinal Study. Journal of Gerontology 60(4):P207- P214.
177. Heuch I, Jacobsen BK, Fraser GE (2005). A cohort study found that earlier and longer Seventh-day Adventist church membership was associated with reduced male mortality. Journal of Clinical Epidemiology 58(1):83-91.
178. Hasnain M, Sinacore JM, Mensah EK, Levy JA (2005). Influence of religiosity on HIV risk behaviors in active injection drug users. AIDS Care. 17(7):892-901.
179. Jaffe DH, Eisenbach Z, Neumark YD, Manor O (2005). Does living in a religiously affiliated neighborhood lower mortality? Annals of Epidemiology 15(10):804-810.
180. Flannelly KJ. Galek K. Handzo GF (2005). To what extent are the spiritual needs of hospital patients being met? International Journal of Psychiatry in Medicine 35(3):319-23.
181. Chen YY (2005). Written emotional expression and religion : effects on PTSD symptoms. International Journal of Psychiatry in Medicine 35(3):273-86.
182. McCullough ME, Laurenceau JP (2005). Religiousness and the trajectory of self-rated health across adulthood. Personality and Social Psychology Bulletin. 31(4):560-573.
183. Franzini L, Ribble JC, Wingfield KA (2005). Religion, sociodemographic and personal characteristics, and self-reported health in whites, blacks, and Hispanics living in lowsocioeconomic status neighborhoods. Ethnicity and Disease 15(3):469-484.
184. Bagiella E, Hong V, Sloan RP (2005). Religious attendance as a predictor of survival in the EPESE cohorts. International Journal of Epidemiology 34:443-451.
185. Hill TD, Angel JL, Ellison CG, Angel RJ (2005). Religious attendance and mortality: an 8- year follow-up of older Mexican Americans. Journal of Gerontology 60(2):S102-S109.
186. Kristeller JL, Rhodes M, Cripe LD, Sheets V (2005). Oncologist assisted spiritual intervention study (OASIS): Patient acceptability and initial evidence of effects. International Journal of Psychiatry in Medicine 35:329-347.
187. Musick MA, House JS, Williams DR (2004). Attendance at religious services and mortality in a national sample. Journal of Health and Social Behavior 45 (2):198-213.
188. Masters KS, Hill RD, Kircher JC, Benson TL, Fallon JA (2004). Religious orientation, aging, and blood pressure reactivity to interpersonal and cognitive stressors. Annals of Behavioral Medicine 28(3):171-178.
189. Harinath K, Malhotra AS, Pal K, et al (2004). Effects of Hatha yoga and Omkar meditation on cardiorespiratory performance, psychologic profile, and melatonin secretion. Journal of Alternative and Complementary Medicine 10: 261-268.
190. Hart A, Jr., Tinker LF, Bowen DJ, Satia-Abouta J, McLerran D. Is religious orientation associated with fat and fruit/vegetable intake? Journal of the American Dietetic Association. 2004;104(8):1292-1296.
191. Benjamins MR (2004). Religion and functional health among the elderly: is there a relationship and is it constant? Journal of Aging and Health. 16(3):355-374.
192. Dedert EA, Studts JL, Weissbecker I, Salmon PG, Banis PL, Sephton SE (2004). Private religious practice: Protection of cortisol rhythms among women with fibromyalgia. International Journal of Psychiatry in Medicine 34:61-77.
193. Kraut A, Melamed S, et al. (2004). ssociation of self-reported religiosity and mortality in industrial employees: the CORDIS study. Social Science & Medicine 58(3): 595-602.
194. Contrada RJ, Goyal TM, Cather C, Rafalson L, Idler EL, Krause TJ (2004). Psychosocial factors in outcomes of heart surgery: the impact of religious involvement and depressive symptoms. Health Psychology 23:227-38.
195. Lutgendorf SK, Russell D, Ullrich P, Harris TB, Wallace R (2004). Religious participation, interleukin-6, and mortality in older adults. Health Psychology 23(5):465-475.
196. Fogg SL, Weaver AJ, Flannelly KJ, Handzo GF (2004). An analysis of referrals to chaplains in a community hospital in New York over a seven-year period. Journal of Pastoral Care & Counseling 58 (3):225-235.
197. Fontana, A., & R. Rosenheck (2004). Trauma, change in strength of religious faith, & mental health service use among veterans treated for PTSD. Journal of Nervous & Mental Disease 192:579–84.
198. Wenger NS, Carmel S (2004). Physicians' religiosity and end-of-life care attitudes and behaviors. Mount Sinai Journal of Medicine 71(5):335-343.
199. Ciarrocchi JW, & Deneke E (2004). Happiness and the varieties of religious experience: Religious support, practices, and spirituality as predictors of well-being. Research in the Social Scientific Study of Religion 15: 209-233.
200. Geary B, Ciarrocchi JW, & Scheers NJ (2004). Spirituality and religious variables as predictors of well-being in sex offenders. Research in the Social Scientific Study of Religion 15: 167-187.
201. Golden J, Piedmont RL, Ciarrocchi JW, & Rodgerson T (2004). Spirituality and burnout: An incremental validity study. Journal of Psychology and Theology 32(2): 115-125.

202. Krause, N. (2004). Common facets of religion, unique facets of religion, and life satisfaction among older African Americans. Journals of Gerontology Series B-Psychological Sciences & Social Sciences 59(2): S109-17.
203. Sullivan MA, Muskin PR, et al. (2004). Effects of religiosity on patients' perceptions of do not- resuscitate status. Psychosomatics 45(2): 119-128.
204. van Olphen J, Schulz A, Israel B, Chatters L, Klem L, Parker E, et al. (2003). Religious involvement, social support, and health among African-American women on the east side of Detroit. Journal of General Internal Medicine 18(7): 549-557.
205. Grabovac AD, Ganesan S (2003). Spirituality and religion in Canadian psychiatric residency training. Canadian Journal of Psychiatry 48(3):171-175.
206. Clark, P. A., Drain, M., Malone, M. P. (2003). Addressing patients' emotional and spiritual needs. Joint Commission Journal on Quality and Safety, 29(12), 659-70.
207. Van Ness, PH, Kasl SV (2003). Religion and cognitive dysfunction in an elderly cohort. Journal of Gerontology 58B (1):S21-S29.
208. Van Ness PH, Kasl SV, Jones BA (2003). Religion, race, and breast cancer survival. International Journal of Psychiatry in Medicine 33:357-376.
209. McClain CS, Rosenfeld B, Breithart W (2003). Effect of spiritual well-being on end-of-life despair in terminally ill cancer patients. Lancet 361:1603-1607.
210. Fisch MJ, Titzer ML, Kristeller JL, Shen J, Loehrer PJ, Jung SH, Passik SD, Einhorn LH (2003). Assessment of quality of life in outpatients with advanced cancer: The accuracy of clinician estimations and the relevance of spiritual well-being—A Hoosier Oncology Group study. Journal of Clinical Oncology 21:2754-2759.
211. Kim KH, Sobal J, Wethington E (2003). Religion and body weight. International Journal of Obesity and Related Metabolic Disorders 27(4):469-477.
212. Borg J, Andree B, Soderstrom H, Farde L (2003). The serotonin system and spiritual experiences. American Journal of Psychiatry 160:1965-1969.
213. Wrensch M. Chew T. Farren G. Barlow J. Belli F. Clarke C. Erdmann CA. Lee M. Moghadassi M. Peskin-Mentzer R. Quesenberry CP Jr. Souders-Mason V. Spence L. Suzuki M. Gould M (2003). Risk factors for breast cancer in a population with high incidence rates. Breast Cancer Research 5(4):R88-102.
214. Al-Kandari YY (2003). Religiosity and its relation to blood pressure among selected Kuwaitis. Journal of Biosocial Science 35:463-472.
215. Kendler KS, Liu XQ, Gardner CO, McCullough ME, Larson D, Prescott CA (2003). Dimensions of religiosity and their relationship to lifetime psychiatric and substance use disorders. American Journal of Psychiatry 160(3):496-503.
216. Murphy SA, Johnson LC, Lohan J (2003). Finding meaning in a child's violent death: a five-year prospective analysis of parents' personal narratives and empirical data. Death Studies 27(5):381-404.
217. Krause N (2003). Religious meaning and subjective well-being in late life. Journal of Gerontology 58(3):S160-170.
218. Wills TA, Yaeger AM, Sandy JM (2003). Buffering effect of religiosity for adolescent substance use. Psychology of Addictive Behaviors 17(1):24-31.
219. Kinney AY, Bloor LE, Dudley WN, Millikan RC, Marshall E, Martin C, Sandler RS (2003). Roles of religious involvement and social support in the risk of colon cancer among Blacks and Whites. American Journal of Epidemiology 158(11):1097-107.
220. Wollin SR, Plummer JL, Owen H, Hawkins RM, Materazzo F (2003). Predictors of preoperative anxiety in children. Anaesthesia & Intensive Care 31(1):69-74.
221. Flynn, P. M., G. W. Joe, et al. (2003). Looking back on cocaine dependence: reasons for recovery. American Journal on Addictions 12(5): 398-411.
222. Medvene LJ, Wescott JV, et al. (2003). Promoting signing of advance directives in faith communities. Journal of General Internal Medicine 18(11): 914-920.
223. Messina G, Lissoni P, et al. (2003). A psychoncological study of lymphocyte subpopulations in relation to pleasure-related neurobiochemistry and sexual and spiritual profile to Rorschach's test in early or advanced cancer patients. Journal of Biological Regulators & Homeostatic Agents. 17(4): 322-326.
224. Schwartz C, Meisenhelder JB, et al. (2003). Altruistic social interest behaviors are associated with better mental health. Psychosomatic Medicine 65(5): 778-785.
225. Silvestri GA, Knittig S, et al. (2003). Importance of faith on medical decisions regarding cancer care. Journal of Clinical Oncology 21: 1379-1382.

226. Pearce MJ, Little TD, et al. (2003). Religiousness and depressive symptoms among adolescents. Journal of Clinical Child & Adolescent Psychology 32(2):267-276.
227. Mullet EJ, Barros, et al. (2003). Religious involvement and the forgiving personality. Journal of Personality 71(1): 1-19.
228. Monroe MH, Bynum D, et al. (2003). Primary care physician preferences regarding spiritual behavior in medical practice. Archives of Internal Medicine 163(22): 2751-6.
229. Miller BE, Pittman B, et al. (2003). Gynecologic cancer patients' psychosocial needs and their views on the physician's role in meeting those needs. International Journal of Gynecological Cancer 13(2): 111-9.
230. McIllmurray MB, Francis B, et al. (2003). Psychosocial needs in cancer patients related to religious belief. Palliative Medicine 17(1): 49-54.
231. Mattis JS, Fontenot DL, et al. (2003). Religiosity, racism, and dispositional optimism among African Americans. Personality & Individual Differences 34(6): 1025-1038.
232. Maltby J, Day L (2003). Religious orientation, religious coping and appraisals of stress: Assessing primary appraisal factors in the relationship between religiosity and psychological well-being. Personality & Individual Differences 34(7):1209-1224.
233. King DE, Wells BJ (2003). End-of-life issues and spiritual histories. Southern Medical Journal 96(4): 391-393.
234. Kendler KS, Liu XQ, et al. (2003). Dimensions of religiosity and their relationship to lifetime psychiatric and substance use disorders. American Journal of Psychiatry 160(3): 496-503.
235. Francis LJ, Robbins M, et al. (2003). Correlation between religion and happiness: A replication. Psychological Reports 92(1): 51-52.
236. Naeem AG (2003). The role of culture and religion in the management of diabetes: a study of Kashmiri men in Leeds. Journal of the Royal Society of Health 123(2): 110-6.
237. Varela JE, Gomez-Marin O, et al. (2003). The risk of death for Jehovah's Witnesses after major trauma. Journal of Trauma-Injury Infection & Critical Care 54(5): 967-72.
238. Smith TB, McCullough ME, et al. (2003). Religiousness and depression: evidence for a main effect and the moderating influence of stressful life events. Psychological Bulletin 129(4): 614-36.
239. Armbruster CA, Chibnall JT, et al. (2003). Pediatrician beliefs about spirituality and religion in medicine: associations with clinical practice. Pediatrics 111(3): e227-35.
240. King DE, Pearson WS (2003). Religious attendance and continuity of care. International Journal of Psychiatry in Medicine 33:377-389.
241. Eng PM, Rimm EB, Fitzmaurice G, Kawachi I (2002). Social ties and change in social ties in relation to subsequent total and cause-specific mortality and coronary heart disease incidence in men. American Journal of Epidemiology 155:700–9.
242. Greening L, Stoppelbein L (2002). Religiosity, attributional style, and social support as psychosocial buffers for African American and white adolescents' perceived risk for suicide. Suicide & Life Threatening Behavior 32(4):404-417.
243. Wink P, Dillon M (2002). Spiritual development across the adult life course: Findings from a longitudinal study. Journal of Adult Development 9(1):79-94.
244. Walsh K, King M, et al. (2002). Spiritual beliefs may affect outcome of bereavement: Prospective study. British Medical Journal 324(7353): 1551-1556.
245. Sica C, Novara C, et al. (2002). Religiousness and obsessive-compulsive cognitions and symptoms in an Italian population. Behaviour Research & Therapy 40(7): 813-823.
246. Patel SS, Shah VS, et al. (2002). Psychosocial variables, quality of life, and religious beliefs in ESRD patients treated with hemodialysis." American Journal of Kidney Diseases 40(5): 013-22.
247. Oman D, Kurata JH, et al. (2002). Religious attendance and cause of death over 31 years. International Journal of Psychiatry in Medicine 32(1): 69-89.
248. Mitchell J, Lannin DR, et al. (2002). Religious beliefs and breast cancer screening. Journal of Women's Health 11(10): 907-15.
249. Miller L, Gur M (2002). Religosity, depression and physical maturation in adolescent girls. Journal of the American Academy of Child & Adolescent Psychiatry 41(2): 206-214.
250. McCullough ME, Emmons RA, et al. (2002). The grateful disposition: A conceptual and empirical topography. Journal of Personality & Social Psychology 82(1): 112-127.
251. Lo B, Ruston D, et al. (2002). Discussing religious and spiritual issues at the end of life: a practical guide for physicians. JAMA 287(6): 749-54. (commentary; no research)
252. Krause N, Liang J, et al. (2002). Religion, death of a loved one, and hypertension among older adults in Japan. Journals of Gerontology Series B-Psychological Sciences & Social Sciences 57B(2): S96-S107.

253. Koenig HG (2002). An 83-year-old woman with chronic illness and strong religious beliefs. Journal of the American Medical Association 288(4): 487-493.
254. Francis LJ, Kaldor P (2002). The relationship between psychological well-being and Christian faith and practice in an Australian population sample. Journal for the Scientific Study of Religion 41(1):179-184.
255. Ironson G, Solomon GF, Balbin EG, et al (2002). Spirituality and religiousness are associated with long survival, health behaviors, less distress, and lower cortisol in people living with HIV/AIDS: the IWORSHIP scale, its validity and reliability. Annals of Behavioral Medicine 24:34-48.
256. King DE, Mainous AG, 3rd, Pearson WS (2002). C-reactive protein, diabetes, and attendance at religious services. Diabetes Care 25(7):1172-1176.
257. Pearce MJ, Chen J, Silverman GK, Kasl SV, Rosenheck R, Prigerson HG (2002). Religious coping, health, and health service use among bereaved adults. International Journal of Psychiatry in Medicine 32:179-200.
258. Benda BB (2002). Factors associated with rehospitalization among veterans in a substance abuse treatment program. Psychiatric Services 53:1176–1178.
259. Baetz M, Larson DB, et al. (2002). Canadian psychiatric inpatient religious commitment: an association with mental health. Canadian Journal of Psychiatry 47(2): 159-66.
260. Strawbridge WJ, Shema SJ, et al. (2001). Religious attendance increases survival by improving and maintaining good health behaviors, mental health, and social relationships. Annals of Behavioral Medicine 23(1): 68-74.
261. Steffen PR, Hinderliter AL (2001). Religious coping, ethnicity, and ambulatory blood pressure. Psychosomatic Medicine 63(4): 523-530.
262. Iler AL, Obenshain D, Camac M (2001). The impact of daily visits from chaplains on patients with chronic obstructive pulmonary disease (COPD): A pilot study. Chaplaincy Today 17:5-11.
263. Cooper LA, Brown C, et al. (2001). How important is intrinsic spirituality in depression care? A comparison of White and African-American primary care patients. Journal of General Internal Medicine 16(9): 634-638.
264. Sephton SE, Koopman C, Schaal M, Thoreson C, Spiegel D (2001). Spiritual expression and immune status in women with metastatic breast cancer: an exploratory study. Breast Journal 7:345-353.
265. King DE, Mainous AG, Steyer TE, Pearson W. Relationship between attendance at religious services and cardiovascular inflammatory markers. International Journal of Psychiatry in Medicine 2001; 31:415-426.
266. Sears SF, Wallace RL (2001). In J. R. Rodrigue (Ed.), Biopsychosocial Perspectives on Transplantation (pp. 173-183). Dordrecht, Netherlands: Kluwer Academic/Plenum Publishers.
267. Strawbridge WJ, Cohen RD, et al. (2000). Comparative strength of association between religious attendance and survival. International Journal of Psychiatry in Medicine 30(4): 299-308.
268. Matthews DA, Marlowe SM, et al. (2000). Effects of intercessory prayer on patients with rheumatoid arthritis. Southern Medical Journal 93(12): 1177-86.
269. Ellison CG, Hummer RA, et al. (2000). Religious involvement and mortality risk among African American adults. Research on Aging 22(6): 630-667.
270. Murphy PE, Ciarrocchi JW, Piedmont RL, Cheston S, & Peyrot M (2000). The relation of religious belief and practices, depression, and hopelessness in persons with clinical depression. Journal of Counseling and Clinical Psychology 68(6): 1102-1106.
271. Castillo-Richmond A. Schneider RH. Alexander CN. Cook R. Myers H. Nidich S. Haney C. Rainforth M. Salerno J (2000). Effects of stress reduction on carotid atherosclerosis in hypertensive African Americans. Stroke 31(3):568-573.
272. Regnerus MD (2000). Shaping schooling success: Religious socialization and educational outcomes in metropolitan public schools. Journal for the Scientific Study of Religion 39(3):363-370.
273. Baker DC (2000). The investigation of pastoral care interventions as a treatment for depression among continuing care retirement community residents. Journal of Religious Gerontology 12:63-85.
274. Kabat-Zinn J, Wheeler E. Light T. Skillings A, Scharf M, Cropley TG, Hosmer D, Bernhard JD (1998). Influence of a mindfulness meditation-based stress reduction intervention on rates of skin clearing in patients with moderate to severe psoriasis undergoing phototherapy (UVB) and photochemotherapy (PUVA). Psychosomatic Medicine 60(5): 625-632.
275. Khouzam HR, Smith CE, Bissett B (1994). Bible Therapy: A treatment of agitation in elderly patients with Alzheimer's Disease. Clinical Gerontologist 15(2):71-74.
276. Dull VT, Skokan LA (1995). A cognitive model of religion's influence on health. Journal of Social Issues 51(2):49-64 Describes how religion may help persons undergoing traumatic life events to have meaning, which would otherwise be perceived as random and uncontrollable.

277. Key BF, Leppien F, Smith JB (1994). Journey out of night: Spiritual renewal for combat veterans. VA Practitioner 11(1):60-62 Discusses how religious belief may help veterans to become conscious of inaccessible memories, feelings and thoughts, which may positively affect the emotional numbness seen in PTSD.
278. Braam AW, Beekman AT, Van den Eeden DJ, Knipscheer KP, van Tilburg W (1999). Religious climate and geographical distribution of depressive symptoms in older Dutch citizens. Journal of Affective Disorders 54(1-2):149-159